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**\*BIBDATASHEET\***

Bib Data Sheet

CONFIRMATION NO. 1639

<b>SERIAL NUMBER</b> 10/724,246	<b>FILING OR 371(c) DATE</b> 11/28/2003 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> 010023-000610
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**APPLICANTS**

John H. Crowe, Davis, CA;  
 Fern Tablin, Davis, CA;  
 Willem Wolkers, Davis, CA;  
 Naomi Walker, Davis, CA;  
 Sheri Looper, Elk Grove, CA;  
 Nelly M. Tsvetkova, Davis, CA;  
 Zsolt Torok, Davis, CA;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/635,353 08/06/2003 \*  
 and claims benefit of 60/430,040 11/29/2002  
 and is a CIP of 10/052,162 01/16/2002 PAT 6,770,478  
 which is a CIP of 09/927,760 08/09/2001  
 which is a CIP of 09/828,627 04/05/2001 PAT 6,723,497  
 which is a CON of 09/501,773 02/10/2000 ABN  
 (\*)Data provided by applicant is not consistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 03/01/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 16	<b>TOTAL CLAIMS</b> 50	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

20350

**TITLE**

Method and therapeutic platelets

<b>FILING FEE RECEIVED</b> 720	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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